CITY OF SAN JOSE AUDIT RECOMMENDATION STATUS REPORT	Dept/Division				Quarter Ending:
	Audit Report No.				

REC. NO.	RECOMMENDATION/RESPONSE Print/Type Recommendation, if response is required, place directly below applicable recommendation	STATUS			IMPL OR TARGET DATE
		Impl.	Partly Impl.	Not Impl.	

INSTRUCTIONS:
1. Enter audit recommendations number as shown in the audit report
2. Check appropriate column: Implemented partially implemented, or not implemented.
3. Enter date Implemented or the Target date for implementation.
4. See Section 196, City Admin. Manual for additional information.

SIGNATURES:

_____ _____

Department Head/Date   City Manager/Date

Form 4-05-1